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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10575990 | <b>Applicant(s)/Patent Under Reexamination</b><br>USUKURA ET AL. |
|   | <b>Examiner</b><br>JERRY BLEVINS           | <b>Art Unit</b><br>2883  |

| ORIGINAL           |                                   |          |     |     |     | INTERNATIONAL CLASSIFICATION |   |   |   |                       |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|-----|-----|------------------------------|---|---|---|-----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |     |     | CLAIMED                      |   |   |   |                       | NON-CLAIMED |  |  |  |  |  |  |  |
| 349                |                                   | 96       |     |     |     | G                            | 0 | 2 | F | 1 / 1335 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |     |     | G                            | 0 | 2 | F | 1 / 13 (2006.01.01)   |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 349                | 98                                | 99       | 102 | 103 | 117 |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 349                | 121                               | 187      | 194 |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
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|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 36       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 37       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 38       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 39       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 40       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 41       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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| /JERRY BLEVINS/<br>Examiner, Art Unit 2883<br><br>(Assistant Examiner)                 | 11/02/2009<br><br>(Date) | <b>Total Claims Allowed:</b><br><br>10  |
| /FRANK G FONT/<br>Supervisory Patent Examiner, Art Unit 2883<br><br>(Primary Examiner) | 11/04/2009<br><br>(Date) | O.G. Print Claim(s)      O.G. Print Figure<br>1                                      10 |